**Physician Group Practice Statement**

**Online Bill Pay**
A fast, secure way to manage your bill online.

- **Payment Options:**
  - **Online:** emoryhealthcare.mysecurebill.com
  - **Phone:** 404-778-7318
  - **Mail:** Using the top portion above.

**Statement Summary**

<table>
<thead>
<tr>
<th>Date</th>
<th>Service Description</th>
<th>Charges</th>
<th>Payments/Adjustments</th>
<th>Patient Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/2098</td>
<td>E/M VISIT EMERGENCY DEPT</td>
<td>$244.00</td>
<td></td>
<td>$244.00</td>
</tr>
<tr>
<td>12/15/2098</td>
<td>RADILOGIC EXAM CHEST 2 VIEWS</td>
<td>$37.00</td>
<td></td>
<td>$37.00</td>
</tr>
</tbody>
</table>

**Due Date:** Payment due by this date.

**Amount Due:** Total amount due at this time.

**Payment Address:** Location where all payment remittance should be mailed.

**myEasyMatch® Code:** For quick payment access online.

**Account Number:** Your personal patient number. Please reference this number when calling or writing to us about your account. Please write this number on your check when making payments by mail.

**Due Date:** Payment due by this date.

**Billing Customer Service contact information.**

**Guarantor:** Person responsible for the bill.

**Statement Date:** The day this statement was printed.

**Your Balance is now due. If you are unable to pay the balance in full please contact us immediately for assistance at 404-778-7318.**

**Message Center:** Where Emory communicates changes impacting your account and insurance coverages you selected.

**For questions, please call 404-778-7318 or 800-511-4443.**

**Hours of Operation:** M-F 8:30 a.m. - 4:30 p.m.

**Online payments:** emoryhealthcare.mysecurebill.com